21600 80342	05412 2		State of Nebraska Nvestigator's Motor Vehicle Accident Report Sheet 1 of 2											_				
2	Total Num of Vehicl	ibei	Local No./ District 079 Agency Case No. B6-009723							1	HIT & RUN? YES X NO			INVESTIGATION MADE AT SCENE? XYES NO			? L 1	
A/1 01 A/2	OF ACCIDENT PLACE		8/2016 Lancast		Y Y	S M T	W TH	F S	TIME OF ACCIDE POLICE NOTIFIE	NT	1714 1716	itary Time)	STATE US	E ONLY	,			
В	OF ACCIDENT C	CITY	Lincoln								PRIVATE PROPERT	YES NO	02/03		16			
25	ROAD ON ACCIDENT O			o. O St							ONE-WAY STREET?	YES NO	LATITUDE					
с 1	DISTANCE F	ROM	FEET	N	S E V	OF MILEPOST			HIGHV	VAY I		X	LONGITUE	Œ			1	
D .	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY NAME OF INTERSECTING ROADWAY NAME OF INTERSECTING ROADWAY NAME OF INTERSECTING ROADWAY NAME OF INTERSECTION NAME OF INTERSECTION NAME OF INTERSECTION NAME OF INTERSECTION																	
1		INAIVI	E OF INTERSECT	ING ROADWAY	1		31.00	/WILES	N S	-		st curb of				JKO35IIN	3	
V1/M 05 V2/M	MILES		IF N S E	ACCIDENT V W AND MILES	VAS OUTS	IDE CITY LIN	MITS, INI	w OF	DISTANCE NEAREST Y OR TOWN		ROM NEAF	REST TOWN						
01 E 1	R. WORK R1 R2 R3 R4 S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? CODES 1 OYES X NO																	
F				- 1		VE	HICLE	NO. 1				·		\equiv			1	
7 V1/N	DRIVER LICENSE DRIVER DANIEL I		_{ю.} Н13307	7182					PHONE 308-	380)-5857	(Of License)	NE LOCAL N			→ FEMALE MALE		
1 V2/N	DRIVER ADDRESS 541 Surf Side Dr #164, Lincoln, NE 68528 CITY, STATE, ZIP DATE OF BIRTH (MM / DD / YYYYY) 07/29/1992								V1/1	_								
1	OWNER PHONE LOCAL NO.										18 V1/2	_						
G 4	OWNER ADDRESS CITY, STATE, ZIP CITATION NO. LB493321																	
H	LICENSE P		IO. TMM462		IV, IVE	00020					YEAR ate Expires)	2016		STAT (Of PI	TE	NE	V1/3	
4 V1/O	VEHICLE	2	YEAR 2007	Dodge	I	ODEL Charger		BODY ST	or Seda	ın	color white		ESTIMATED I	DAMAG ED \$	500		V1/4	
1	VEHICLE ID NO. (VIN)	2B3	KA43G27H	809044							Farm	Bureau					V1/5 18	_
^{V2/O}	TOWED TO				TOWED BY						POLICY NO). 1 <mark>00000774</mark>	3208				V1/6	٦
2	DRIVER		1140045	0.10		VE	HICLE	NO. 2				STATE			X	() FEMALE	25	
Z V1/P	DRIVER		ıo. H13245	819					PHONE			(Of License)	NE LOCAL N		EX 😤	MALE	-	
1	DRIVER ADDRES	SS	ULLINANE			STATE, ZIP			402	853	6536	DATE OF					V2/1 18	
V2/P	702 LAMONT DR, LINCOLN, NE 68528 BIRTH 11/05/1991 11/05/1991 10/05/1991 11/05/1991 1							V2/2										
J	HEATHER CULLINANE OWNER ADDRESS CITY, STATE, ZIP 402-853-6536 CITATION YES CITATION NO.								V2/3									
02 V1/Q			, Lincoln, NI	<u> </u>						(PENDI YEAR	NG X NO 2017		STA	TE	NE	V2/4	_
4		PA N	10. TJX085	MAKE		MODEL		BODY ST		`	COLOR		ESTIMATED I		E .	INE	V2/4	
V2/Q 4	VEHICLE ID COANNA SELVED ACCOUNTS							TOTALED \$ 800										
К	NO. (V/M) 2GTVVASEK/B132/5/4 State TOWED TO TOWED BY POLICY N					POLICY NO						18 V2/6						
01	Complete this section for all injured persons							Т	1110477-E11-27 DATE OF BIRTH 1 2 3 3 1 1 2 3 1 1 2 3 1 1 1 2 3 1 1 1 1			4	25 5 SE	X				
VEH. #		(Com	olete a continuati	on report, if n	nore than th	nree were inju	ıred)				(MM /	DD / YYYY)	Seat Position	Eject	Region	n Sev.	rans. M	F
	LOCAL NO. MEDICAL FACILITY NAME					EMS SERVICE NAME						EMS RU	EMS RUN REPORT NO.					
VEH. #	NAME			AD	DRESS									$\overline{}$		\top		
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	1E				EMS RU	N REPO	ORT NO.			_
VEH. #	NAME			AD	DRESS													_
V ⊑11. #	LOCAL NO.		MEDICAL FACILITY				EMS SE	RVICE NAM	1E				EMS RU	IN REP	ORT NO			
							15 52		•				10					

	THE FOLLOWING	INFORMATION IS REQUIRE	D FOR ALL ACCIDEN	TS
		INDICATE BY DIAGRAM WHA	T HAPPENED AGE	NCY CASE NO. 6-009723
(5-009123
Indicate North by Arrow				
	N N	POI: 161 Ft W	est of East curb of	
		Cente	ennial Mall of North curb of O St	
	To 14th St		To Centennial Mall	
				<u>.</u>
O St is				<u> </u>
		Unit 1——Unit 1—Un	t 2———————	<u> </u>
				-
	+			-
			Not To S	cale
		ON OF ACCIDENT BASED ON OFFIC t from 14th St in the inside lane. D1 s		
↓ OBJECT DAMAGED OW	VNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
ERTY	VNER NAME	ADDRESS	PHONE	\$ APPROX. COST OF DAMAGE
-	VNER NAME	ADDRESS	PHONE	\$
NAME NAME				PHONE
NAME NAME		ADDRESS		PHONE
VEHICLE MOVEMENT BEFORE COLLISION	POINT OF IMPA MOST DAMAGE		YED RESTRAINT USE VEHICLE 1	TOTAL VEH 1 VEH 2 1
VEH NO. N S E W ROAD OR HIGHWAY NAME	(Enter numbers for	each vehicle)		ALCOHOL Driver Driver Pedes- TESTING No. 1 No. 2 trian
1 X O St	VEHICLE 1	VEHICLE 2	2	ALCOHOL Y Y Y
2 X O St	IMPACT UI	MPACT 05 1 Deployed - front 2 Deployed - side	1 None used - vehicle occupa 2 Lap & shoulder belt used 3 Shoulder belt only used	TESTED N X N X N
1 01 06 Turning left 07 Making U-turn		MAGED 05 AREA 3 Deployed - both from 4 Not deployed 5 Not applicable/	4 Lap belt only used 5 Child safety seat used 6 Child booster seat used	ALCOHOL/ Driver No. 1 No. 2
2 01 08 Entering traffic lane 09 Leaving	00 None 02 09 Top & windows	No airbag available 6 Unknown		DRUGS SUSPECTED 1 1
straight ahead traffic lane 02 Backing 10 Parked	10 Undercarriage 01	05 VEHICLE 2	VEHICLE 2	Neither alcohol nor drugs suspected Yes - alcohol suspected
03 Changing lanes 11 Slowing or 04 Overtaking/ stopped in traffic Passing 12 Other 05 Turning right 13 Unknown	11 Total (all areas) 12 Other 08	07 06 - 4		3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown
OFFICER NO. 13 UNKNOWN 1715	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Depa		Photographs YES taken? X NO
INVESTIGATOR NAME (Print or Type) Jessica Stake	1	INVESTIGATOR SIGNATURE Approved by Officer Jessica		DATE OF 02/03/2016